

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\					
2						
3	\					
4	\					
5	\					
6	\					
7	\					
8	\					
9	\					
10	\					
11	\					
12	\					
13	\					
14	\					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		↓			↓
TOTAL DEP.	17		←	←	←	←
TOTAL CLAIMS	19					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
57				
58				
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94				
95				
96				
97				
98				
99				
100				
TOTAL IND.			↓	
TOTAL DEP.			←	←
TOTAL CLAIMS			←	←

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS